	ARIZONA	STATE BO	ARD OF HEALT!	H State File No.
an on nibirii	BUI	NEAD OF VILL	ICATE OF BIRTH	Registered No
PLACE OF BIRTH	STANI	UARD OFFICE	arus	na
County MC		S	tate	
•			r Village	Ward
District or Township	No No		(/	n, give its NAME instead of street and number)
City.	*	(If birth occur	red in a hospital of institution	
Eur	rane	Man	cireca	supplemental report, as directed.
2. Full name of child	ONI 1 4, Twin, t	riplet or other	6. I gitimate?	7. Date W 16 1429
3. Sex of Child To be answered in event of plur	OLLEGY )		1/4/	of birth Day Year
Man births.	j 5. No., in	order of birth		MOTHER
s FAT	HER /	, []	14 W.	
Full name	Marie.	1. 2.0	Full maiden name	mafuso-
Mugueto	William Contraction of the Contr	-	15 Residence	Mounte the
9. Residence	ayelle	- \	(Usual place of about	Very Control
(Usual place of shoote)	and all	ma	If non-resident, give	place and state.
If non-resident, give place and s	To I		16 Color or race	
102 Color or race	$\mathcal{O}_{\Lambda}$	1/:	VII. 11	17. Age at last birthday (Years)
111. As	ge at last birthday	(Years)	100 J	
			18. Birthplace (city or	place) Lees
12. Birthplace (city or place)	$-\gamma$		(State or country)	aris 11
(State or country)	sco ju	Y		storicas Mile
			19. Occupation	to company
13. Occupation for	win		Nature of industry	
Nature of industry			<u>  </u>	or West assessations taken against oph-
20. Number of children of this mo	ther}	(a) Born alive s	nd now living	21. Were precautions taken against oph- thamis neonatorum?
at hirth of child	l herein	<ul><li>(b) Born alive i</li><li>(c) Stillborn</li></ul>	, , , , , , , , , , , , , , , , , , ,	912
certified and including this child.)		(c) Stillion II	IG PILYSICIAN OR MIDV	WIFFE 15
	RTIFICATE	Ok VITEVOU	1	m, on the date above stated
I hereby certify that I attended t			Born alive of tallorn	frusts UD
* When there was no attending or midwife, then the father, ho	i pliysician   Signa	ature		
etc., should hase this term.	adian not			(Physician for midwide)
etc., should make this return. child is one that neither bro shows other evidence of life a	fter birth.	***********	1/2.	William Marian
cum name added from		Address	ray	all way
	nth, day, year		Tolor do	m MI well
		Filed.A.	WY YD, 19 19.	Registrar
	Registrar	1101	,	<u> </u>
5 7/	1-11/6-	436		
J //	1114	•		